

Prevention of Mother-to-Child Transmission of HIV



Generic Training Package Training Programme and Course Director Guide



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The WHO/CDC *Prevention of Mother-to-Child Transmission of HIV Generic Training Package* is a comprehensive approach to the training of healthcare workers. The other components in this package are

- Participant Manual
- Trainer Manual
- Presentation Booklet
- Pocket Guide
- Wall Charts
- CD-ROM containing MS® Word and Adobe Acrobat® (PDF) files for each programme component

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Abbreviations and Acronyms

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ARV	Antiretroviral
ART	Antiretroviral therapy
CDC	United States Centers for Disease Control and Prevention
CMV	Cytomegalovirus
ELISA	Enzyme-linked immunosorbent assay
FAO	United Nations Food and Agricultural Organisation
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IMCI	Integrated management of childhood illness
MAC	<i>Mycobacterium avium complex</i>
MCH	Maternal and child health
MTCT	Mother-to-child transmission of HIV
NGO	Non-governmental organisation
NVP	Nevirapine
OI	Opportunistic infection
PCP	<i>Pneumocystis carinii</i> pneumonia
PEP	Post-exposure prophylaxis
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
RCHS	Reproductive and child health services

STD/I	Sexually transmitted disease/infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZDV	Zidovudine, the generic name for azidothymidine (AZT)



Introduction

Of the 40 million people living with HIV/AIDS worldwide at the end of 2003, 2.5 million were children under 15 years of age. Last year alone, 700,000 children were newly infected with the AIDS virus. The most significant source of HIV infection in children and infants is transmission of HIV from mother-to-child during pregnancy, labour and delivery, and breastfeeding.

A comprehensive Prevention of Mother-to-Child Transmission of HIV (PMTCT) programme can significantly reduce the number of infected infants by providing treatment, care and support to women with HIV infection and their families. The rapidly growing HIV/AIDS pandemic combined with the expansion of PMTCT services world-wide requires efforts to maximise resources and human capacity development.

The WHO/CDC Prevention of Mother-to-Child Transmission of HIV Generic Training Package is designed to provide 1) information and content for a national PMTCT training effort and 2) healthcare workers with the knowledge and introductory skills necessary to deliver PMTCT services in an integrated manner.

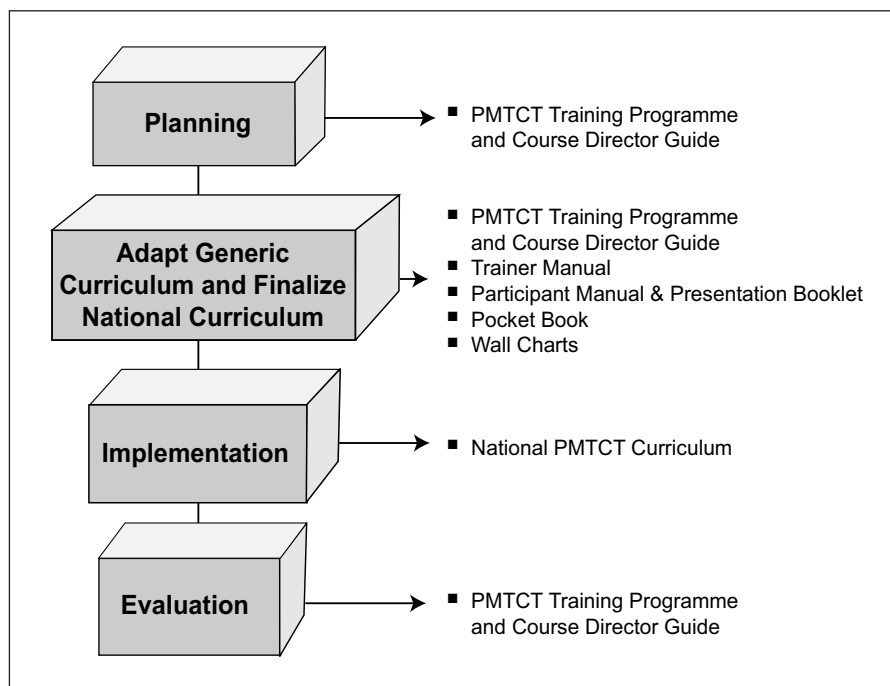
Structure of the PMTCT Generic Training Package

The package is a comprehensive set of resource materials designed for adaptation at the national level. It supports the review and development of policies and protocols while providing the essential components required for a PMTCT training effort. The Training Package will be updated every six months to ensure that content reflects the most current scientific developments and policy changes. The package contains:

- **Training Programme and Course Director Guide:**
 - *Section 1 Training Programme Guide:* targeted to those with overall responsibility for developing the PMTCT National Training Plan, adapting the generic PMTCT package, and developing the plan to evaluate training efforts. This may be a team of individuals working for or under guidance of the National Ministry of Health, or one or more partner agencies.
 - *Section 2 Course Director Guide:* targeted to the individual or team responsible for organising and conducting the PMTCT training courses.
- **Participant Manual:** the main reference document for course participants. It includes an introduction; nine content modules, each with summary; clearly stated objectives; technical information; and exercises, as well as a Glossary and Resources Guide.
- **Presentation Booklet:** summarises the main content areas within the Participant Manual.
- **Trainer Manual:** outlines the package, describes the trainer role in course planning and offers the trainer directions to conduct each session.

- **Pocket Guide:** provides clear, concise information to support the delivery of services and is a handy reference for healthcare workers. The Wall Charts can be posted in the health centre or facility and are a reference on key PMTCT content areas.
- **CD-ROM:** contains the PMTCT Generic Training Package in Microsoft® Word and Acrobat® PDF files.

Using the PMTCT Generic Training Package



Advantages of the PMTCT Generic Package

Users will find the documents and materials helpful at several points in the PMTCT programme cycle, as shown in the figure above. The package assists users to customise PMTCT training to reflect a range of policies, programmes, and interventions. Advantages to using the Generic Package include:

- Evidence-based content with the most current scientific understanding of HIV transmission, MTCT, and HIV treatment
- Access to a training package that is the result of research, field-testing, and extensive global review
- A context to review and update existing country-specific PMTCT policies and guidelines
- Nine stand-alone modules that can be used for training of beginning and advanced PMTCT healthcare workers
- Adaptable support tools for trainers, healthcare workers, and facilities

PMTCT National Training Plan

Overall planning includes developing the PMTCT National Training Plan¹ and ensuring that the Generic Training Package supports the national PMTCT strategy and the National Training Plan. Planning is required to develop the Training Plan, to ensure that the package is adapted to meet the training needs of the target population and that national policies on

¹ This document refers to the PMTCT Training Plan as national while acknowledging that the PMTCT Training Programme may be managed by a partner organisation.

PMTCT are integrated into and supported by the training course. The group of stakeholders involved in developing the PMTCT National Training Plan (Chapter 1.1) is similar to the stakeholders involved in adapting the PMTCT package (Chapter 1.2). As such, the Training Plan may be developed in parallel with the adaptation of the package. Just as PMTCT programmes require funding, training programmes require staffing and a budget. It is suggested that funding for the PMTCT training programme be prioritised at a national level to guarantee an adequate budget at the local level.

National versus Local Roles

While this Guide recognises roles and responsibilities will be shared, there is no attempt to prescribe which responsibilities are to be undertaken at the national versus local level.

Local planning is required in preparation for the implementation of the course, and the training sessions have to be based on participant learning needs. Before courses are implemented locally, the Course Director must work closely with PMTCT facility supervisors and participants to adapt the course and teaching methods to meet their needs.

Summary

Developing and implementing a PMTCT programme—complete with strategies for antiretroviral (ARV) treatment and prophylaxis, safer delivery practices, and safer infant-feeding practices—is a complex process. The PMTCT staff training can be integrated within the national PMTCT strategy and considered a priority in the allocation of resources. The effort invested in planning can save time and money and help to ensure that resources are targeted, that the final PMTCT training product is well accepted, and that it achieves its goals and objectives.

This PMTCT Generic Training Package provides an approach to addressing training need in the context of a national and global effort. By shortening the planning phase, it allows for a rapid implementation and evaluation of the training effort.



Section 1

Training Programme Guide



Chapter 1.1

The PMTCT National Training Plan

Once the national PMTCT strategy is finalised, the adaptation of the National PMTCT Training Plan is an important component of the PMTCT programme; it is a tool to make sure that training is targeted where it is needed and linked closely to the delivery of services. The Plan states who will be trained, the knowledge/skills to be transferred during training, the training approach, and the evaluation process. It addresses the training needs of all healthcare workers who will be supporting the National PMTCT Programme.

As noted in the Introduction to this Guide, it is recognised that the Generic Training Package may be implemented at a local level. The Training Plan supports relevant national policies and provides direction for and coordination with the PMTCT-related training of the implementing agency. The Training Plan will be referred to as "national" but the Guide recognises a country may adapt this plan for targeted settings.

What is a PMTCT National Training Plan?

Each setting requires the development of a unique mix of interventions to address immediate gaps in service delivery as well as to sustain improvements over time. A PMTCT National Training Plan identifies the following:

- Goals and objectives of training
- Delineation of target audiences
- Frequency, content, and length of training activities
- Strategy for rollout, coverage, and sustainability
- Responsible entity
- Overview, timeline and budget for the plan
- Process and timelines for monitoring, review, and revision of the plan

A well-designed National PMTCT Training Plan can evolve into a long-term effort that supports the sustainability of training outcomes over time. It recognises that training activities are sustainable when they fit within the resource and time constraints faced by trainers, supervisors and health systems. Such a strategy will include targets to build and sustain human capacity and address additional factors that affect service delivery including:

- Pre-service PMTCT training focusing on nursing schools, medical schools and other health-related training institutions
- In-service training systems including training-of-trainer approaches, the provision of supervision and support to trainers, and the development and distribution of effective training materials
- Long-term retention of healthcare staff
- Overall funding of health services including remuneration of healthcare workers

Steps in developing the plan

The PMTCT National Training Plan is the result of an active collaboration of key stakeholders whose input is needed to ensure a well-considered and coordinated plan. Additionally, the involvement of a range of stakeholders can reduce duplication of training efforts and widen the base of support for the plan. The process described in this Guide is designed to be adapted to national circumstances and resources.

The agency authorised to develop the PMTCT National Training Plan should, ideally, be the one that is ultimately responsible for all national PMTCT services and targets. The person who heads this agency, or his /her designee, is most likely to be responsible for the plan, for example, the Director of Maternal and Child Health (MCH) Services, the PMTCT Coordinator, the Minister of Health, or the Director of the National AIDS Control Programme.

The National Training Plan Chairperson/Director has the following responsibilities:

- Chair the National Training Plan meetings
- Approve the agenda, meeting goals and objectives, and all correspondences
- Approve the participant list
- Appropriate a budget for the meetings
- Identify resources for the plan
- Ensure the plan is feasible and achievable
- Approve the draft plan and the final plan
- Ensure deadlines are met
- Monitor the implementation phase
- Evaluate the outcome

Stakeholders

The individuals and organisations invited to participate in the development process could include the following:

- Director of MCH services
- Director of AIDS/AIDS prevention and control services
- National PMTCT coordinator
- National laboratory coordinator
- Key donor and technical agencies
- Non-government organisations, AIDS service organisations, community- and faith-based organisations
- Private sector providers including AIDS service organisations
- PMTCT service director or supervisor
- Health education/training specialist in HIV and/or PMTCT
- Staff working in ANC and Labour and Delivery including at least one physician, nurse/nurse midwife, infant-feeding specialist, and HIV counsellor
- Physician or nurse specialising in follow-up care of mothers and families with HIV and HIV treatment
- AIDS advocate knowledgeable about the effects of stigma and discrimination on persons living with HIV/AIDS (PLWHA)
- Individual/group charged with drafting the National HIV Training Plan

This list can be refined or expanded to meet local expectations, objectives, and staffing patterns. A description of a sample process for developing a PMTCT National Training Plan appears in Appendix 1.

Monitoring and evaluating training

This Guide recommends that an evaluation strategy for the training effort be developed within the national training plan. Further, the evaluation strategy and tools may be designed at the national level to ensure standardisation of data collection across all training activities. Sample course evaluation tools are included in Appendix 2.

The evaluation effort can be designed to determine:

- If the training supported the delivery and uptake of PMTCT programme services
- If the training programme was completed as designed and planned
- If the training was offered to the people for whom it was intended
- If the training met its goals and objectives
- Changes in the training programme to better meet learning needs
- Gaps in learning to assist with planning future courses
- Guidance for refresher and/or advanced training
- Guidance for skills-building clinical training

Types of evaluation

There are two complementary approaches to monitoring and evaluating PMTCT training programmes: process (also called quality assurance) evaluation and outcome evaluation. The evaluation strategy for a training programme may be designed to include one or both approaches.

Process and quality assurance evaluation

Process evaluation and quality assurance focus on program monitoring to provide feedback on the overall course, which sessions and exercises the participants found useful, and which need to be changed. Feedback may also be sought on the more practical aspects of the training, such as the training site/facility and materials. Process data are collected from the:

- Participants
- Trainers
- PMTCT supervisors

Examples of process data include the following:

- Number of training sessions conducted during the past year
- Number of participants and areas of specialty
- Number/percentage of participants who thought meeting facilities were adequate for the training

Outcome evaluation

Outcome evaluation determines whether the goals of the training were met. Immediate outcome evaluation considers the degree to which training goals were met as measured at the conclusion of the training activity. For example:

- Self-reported changes in perception of skill and ability before the course versus after the course
- Self-reported assessment of anticipated changes in clinical practice
- Change in knowledge as measured by comparing scores from pre- and post-test questionnaires

Long-term outcome evaluation examines whether the goals of the training were reached once participants returned to the practice setting and applied the information they learned during the training. Long-term outcomes evaluation will assess whether participants were able to implement PMTCT services specific to the following:

- National policies on providing PMTCT services
- Specific interventions for PMTCT
- Strategies to overcome stigma and discrimination
- Linkages with agencies that provide treatment, care, and support for mothers and families with HIV
- Practices that facilitate a safe, healthy environment for healthcare workers
- Management of occupational exposure to HIV including post-exposure prophylaxis
- Data collection for programme monitoring



Chapter 1.2

Adapting the Generic Training Package

Once the national PMTCT strategy has been finalised, the adaptation of the Generic Training Package may begin. (This Training Programme and Course Director Guide is designed to support the national training effort and is the only component of the Generic Training Package that does not require adaptation.)

Adapting all of the other components of the package may take place prior to or parallel with the development of the National Training Plan. Where resources are limited for adapting the Generic Training Package, technical assistance may be available from a number of sources such as in-country or international universities, domestic or international consultancy firms, and international donor agencies.

This Training Package is described as "generic" because it:

- Includes key international PMTCT guidelines and policies
- Requires customisation to include country-specific policies and context
- Presents key course elements to guide training
- Provides the template for a full PMTCT training package

Adapting the Generic Training Package

Adaptation is the process of integrating the participant and trainer materials in the PMTCT Generic Training Package into a training programme that is consistent with national and local goals and policies and existing MCH services-building a "national" training programme. The adapted materials will include national protocols, guidelines, algorithms, or descriptions, and reflect local epidemiology, cultures, practices, language, and training needs.

Within each module is a box entitled "Relevant Policies for Inclusion in National Curriculum" that identifies the important national policies, guidance, or summary statements to be discussed in the module.

The Participant Manual is organised into nine modules reflecting a comprehensive approach to PMTCT and the minimum knowledge set necessary to function effectively in a PMTCT setting.

It is recommended that the course be designed to include each of the modules. Although the adaptation process will reflect learning needs and additional subjects may be added, the deletion of a module in its entirety is discouraged.

A suggested approach to adapting the Generic Training Package is described in Appendix Step 1 in Appendix 3 is the most work-intensive; it is the phase during which the following tasks are undertaken:

- Comparing existing PMTCT curricula with the new curriculum, and incorporating relevant information from the old programme into the new (or vice versa).
- Incorporating summaries of national PMTCT-related policies into the relevant modules of the Generic Training Package. Some of these policies may be included in the national PMTCT plan or may be embedded in several documents. A comprehensive listing of these national policies appears in Appendix 4 of this Guide. Also, each module in the Participant Manual includes a listing of the national policies relevant to that particular module.

The following questions may help to identify which text will need adapting:

- Does the text support local policy?
- Does the text reflect local epidemiology?
- Are the language and wording appropriate?
- Is the text appropriate for the knowledge level/training of local healthcare workers?
- Is the text culturally sensitive/appropriate?
- Does the text reflect local practices (personal, social or professional)?

After completing Step 1 (Appendix 3), the remainder of the adaptation process focuses on reviewing, updating, and clarifying the content. Because this phase includes consultation with stakeholders, it may be time-consuming.

The stakeholders help to develop an accurate document that reads well and can be implemented with minimal difficulty, and the consultation helps ensure their support for the training efforts and the PMTCT programme.

Approaches to involving stakeholders in the adaptation of the Generic Training Package may include meeting in one large group or in a series of smaller, topic-specific interest groups. The stakeholders' meeting chairperson and participants mirror those who are important for the PMTCT National Training Plan described in Chapter 1.1 of this document. In many settings it will be the same group. In others, it may be a subgroup of the national group.

Adapting the course syllabus

A course syllabus appears in the Introduction to the Trainer Manual. The Course Director may adapt the course syllabus to meet training needs in response to the following participant considerations:

- Level of previous training in PMTCT
- Previous experience in PMTCT settings
- Responsibilities of staff

The course was developed to be 6 days long including an optional field visit. The training may be expanded or shortened, depending on priorities and resources. The amount of time for each module may vary depending on needs and participants' PMTCT job functions.

Adapting the trainer materials

Once the stakeholders have approved the Participant Manual, begin the process of adapting the Presentation Booklet, Pocket Guide, and Wall Charts. The Trainer Manual includes the technical text from the Participant Manual; as such it may require the same revisions as the Participant Manual, including revisions in the training exercises. Alternatively, consideration may be given to removing technical text in the Trainer Manual. Thus, the Trainer Manual would include only guidance on presenting the material and running the exercises.

It is suggested that the Course Director review the Trainer Manual, noting the topics and training exercises that may prompt questions. When meeting with PMTCT facility staff, the Course Director may take the opportunity to discuss these. If the Course Director is not a clinician, s/he may want to learn about the service, resource, and social issues facing healthcare workers and patients.

A list of the revisions to be considered for the Trainer Manual is included in Appendix 5. Revising the interactive exercises to ensure they are culturally appropriate is discussed in Section 2: *Course Director Guide*.

This first training course may be planned as a field test or pilot course within the context of the national rollout. Review of the evaluation information will suggest additional changes in both the written materials and training methods. Regardless of how carefully the materials were adapted, testing of the package helps to refine content, particularly before multiple copies of the package are in circulation.

Updating the Generic Training Package

While adapting the package, stakeholders may develop the process for assuring the package is updated regularly. Consider the following questions in this discussion:

- How often will the package need to be updated?
- Will it be revised on a schedule or only when major policy changes occur?
- Who will be responsible for the updates?
- Who will review and approve the updates? (eg, will approval of all stakeholders be required or just the chairperson)?
- Who will ensure that the updates are made in all components of the package?
- How will revised editions be distinguished from previous editions?
- How will the revised editions be distributed to the field?

Advanced and refresher courses

The need for additional training for PMTCT staff—and the subject areas the training should address—will become evident from a number of sources: the initial needs assessment; the results of the course evaluation, knowledge pre- and post tests, long term outcome evaluations; and informal discussions with participants, trainers, and PMTCT facility supervisors. The subject areas should be considered as topics for the refresher/advanced courses.

It may be helpful to validate the results of the evaluation with a formal assessment of the follow-up training needs of staff working in PMTCT settings. An example of a refresher course needs assessment may be found in Appendix 2.

Refresher courses are important for keeping staff knowledge current and for addressing skills development. Refresher courses may be clinical or classroom-based (or a

combination of both); they may be conducted in groups, on a one-to-one basis, or even self-guided, depending on the individual and the training need. Taking into consideration the training budget and the urgency of the learning need, refresher courses may be offered within weeks, a month, or even a year after the original PMTCT training.

Translation

The Generic Training Package is expected to be available in both French and Spanish by 2005. When translation into other languages is necessary, several factors should be considered:

- **Timing:** Should the Generic Participant Manual be translated into the local language immediately, or can the translation wait until after the Participant Manual is adapted?
- **Precedent:** Has the generic or an adapted version been translated by another country? For example, Mozambique translated a draft of the Generic Training Package into Portuguese in late 2003. It is wise to start from the generic version, but even an adapted version of the package may help with translating key terms and ensuring standardisation of PMTCT-related terminology across countries in which people speak the same language.

The following may help ensure an accurately translated document:

- Identify a person or team of translators who know(s) the PMTCT, HIV, or medical fields. The translators must be native speakers in the target language (the language they are translating into) as well as fluent in the language they are translating from. In addition, ensure that one translator is familiar with the norms, culture, traditions, and values of the country.
- Review the Glossary in the Participant Manual for key terms and translate them. Two or more people should check and agree on the translation of the key words.
- To ensure accuracy and to catch errors in style or content, engage a clinician with technical knowledge to review the key clinical terms and sections that have been translated.
- Check that the formatting and style of the translated modules are consistent with the original documents.



Section 2

Course Director Guide



Chapter 2.1

Logistical Planning

Section 2: The Course Director Guide is a resource document targeted to the individual or team responsible for organising and conducting the PMTCT training. This chapter focuses on the process of implementing a PMTCT training course within the context of a national PMTCT training effort. The training may need to be repeated two or more times in a specific geographic area to train all staff without disrupting existing ANC and Labour and Delivery services. Appendix 6: Course Director Checklists support the information provided in this chapter.

Participants

The participants invited to attend the PMTCT training course will be determined based on the National Training Plan. The plan will suggest the sites and individuals that have priority, particularly in the rollout phase.

In most cases, because PMTCT services will be integrated into existing ANC and Labour and Delivery services, it is suggested that the following people attend the PMTCT course:

- All nursing, midwifery, and other healthcare workers
- HIV counsellors
- Infant-feeding counsellors
- Social workers and outreach staff
- Administrative staff
- Physicians responsible for or working in the facility

Number of participants

This course is designed for up to 20 participants.

The learning environment

The Course Director needs to create a learning environment where all participants feel comfortable and secure. The course uses interactive learning strategies, which require that participants work in small and large groups and participate in role playing.

The ideal mix of participants will include women and men from all disciplines of the PMTCT team. A multidisciplinary group will enable participants to start working as a team and lead to an exchange of perspectives resulting in a holistic picture of patient care needs.

Per diem/sitting fees

Decide well in advance whether participants will be provided with a per diem/sitting fee to attend the course and/or travel reimbursement or allowance. The participant letter of invitation will indicate clearly the fees to be provided to participants.

Course announcements

The announcement advertising the course may be sent to the PMTCT facility supervisors as soon as the date, time, and venue for the course are decided. To facilitate planning, announcements for subsequent phases of the course also may be sent to the facilities supervisors. Appendix 7 contains an example of a course announcement and cover letter.

Participant invitations

It is advisable to send a letter of invitation/confirmation as participants register for the course. The letter can be hand delivered, sent by internal mail, standard mail or e-mailed (where available). See Appendix 7 for an example of a participant letter of invitation and a confirmation letter.

Logistics

Choosing a course site

The ideal venue is a classroom that is adjacent or near to a clinical centre for the field visits. Ideally this course is residential, with accommodation near to the classroom. If the course is not residential, allow adequate time for travel between participants' homes and the classroom.

The classroom will need to hold the number of participants in the course, as well as three to five breakout groups. In choosing a classroom, consideration is given to:

- Easy access to PMTCT clinical setting.
- Room organised with chairs positioned around three sides of a rectangular table to take notes and allow the trainers to see all participants. When possible, find a room large enough to set up additional chairs (for interactive exercises) in groups of five in each of the four corners of the room.
- Good lighting to allow participants to read and take notes. If using projectors, curtains or blinds can be closed to darken the room.

Meals

Try to provide morning refreshments, midday meals, and afternoon refreshments. Please consider the following:

- Timing of the meals/refreshments to coincide with breaks in the agenda
- Food/drink delivery and layout do not interfere with the classroom proceedings

Slides

The slides may be projected onto a screen or light-coloured wall using a laptop computer and LCD projector, or photocopied onto transparencies and viewed on an overhead projector.

Materials and supplies

The most important supplies for the course are the Participant Manual, Presentation Booklet, Pocket Guide, and Wall Charts; every participant will need a copy of each. All trainers need a copy of the Trainer Manual, Presentation Booklet, Pocket Guide, and Wall Charts. In addition, if the relevant PMTCT policies don't already appear in the Participant Manuals, then copies should be made available for the training. (A listing of the national policies, guidelines and protocols that should appear in the Participant Manual appears in the column entitled "Insert" in Appendix 4.)

Appendix 6 includes a comprehensive list of the equipment, materials, and supplies needed to conduct the PMTCT training course. One week before the training, ensure that everything on the equipment list is in stock or reserved for loan. Additionally, a list of supplies needed appears in the beginning of each module in the Trainer Manual.

Clerical and logistical support

The Course Director may need support staff before, during, and after the training. Before the training, the Course Director may need assistance with:

- Contacting, inviting, and confirming participants
- Contacting panellists
- Organising the field visit
- Arranging the Trainer Preparation Days
- Arranging for the venue and food
- Fielding questions from participants
- Photocopying course materials, including evaluation questionnaires
- Securing equipment, materials and supplies
- Preparing name tags and certificates

On the day of the training, assistance may be required to:

- Register participants
- Take care of any last minute room details
- Be aware of difficulties with accommodations or other logistics

After the training, assistance may be required to:

- Write and mail thank you notes
- Input the evaluation data
- Produce and distribute the Course Evaluation Report



Chapter 2.2

Trainers & Panellists

Trainers

It is important that trainers be chosen with care, that each has the required skill set, and that they interact well to form a dynamic multidisciplinary training team. For this training course, which is designed for 20 participants, the suggested ratio, if possible, is one trainer for every six participants.

Responsibilities of the trainers include:

- Attending and participating in the Trainer Preparation Days
- Attending the complete PMTCT Training Course
- Fully preparing and presenting the material for specific modules
- Assisting with participant learning by facilitating the exercises
- Supporting small group work during all exercises
- Attending the Daily Trainer Meetings after each training day
- Giving the Course Director input on progress toward meeting goals and objectives
- Offering suggestions for improving the course

Each trainer will lead the training for 2 or 3 modules and assist with the training of another 2 or 3 modules. Each module has two trainers: one primary and one secondary trainer. The following is a description of the primary versus secondary trainer roles:

- Primary Trainer—takes the lead on teaching a specific module. S/he will need to be competent with the material as well as the teaching methods.
- Secondary Trainer—assists and supports the primary trainer as necessary, including:
 - Observing the training to anticipate a need of the primary trainer
 - Taking notes on flipchart or the black- or whiteboard where required
 - Assisting in facilitating group work and exercises
 - Supporting dialogue with the participants

Levels of trainers

In addition to the Course Director, each training session requires at least one Expert Trainer and two to three Faculty Trainers; co-trainers are optional. The trainer levels are:

- Expert (Master) Trainers have a complete understanding of clinical content and possess advanced training skills. Expert Trainers are likely to be employed as trainers instead of being clinicians or managers who have been asked to do a lecture; the Expert Trainers may be responsible for training in one or more localities. In most

settings, these trainers differ from teachers. The Expert Trainer may or may not be the same person as the Course Director.

- Faculty Trainers have a thorough understanding of the clinical content. They also have basic training skills to effectively convey the clinical content to the participants.
- Co-trainers have an understanding of clinical content and training skills but their primary function is to assist the Expert Trainer. A Co-trainer is unlikely to take the lead facilitating any of the modules but may assist with interactive exercises.

Potential trainers for the PMTCT course include:

- Trainers working in health-related education efforts, particularly HIV or MCH
- Trainers employed by the health authority or local government
- Healthcare workers in related fields: the HIV clinic, the HIV counselling and testing centre, or the ANC clinic

Setting the date for the course

Choose dates to avoid national holidays and scheduled national or regional conferences or meetings. In general, the final dates are set pending confirmation of the trainers availability.

Inviting trainers

The Course Director invites each of the trainers to join the training team, discusses the terms of reference and answers any questions. A sample trainer invitation letter is included in Appendix 7.

Panel discussions

The PMTCT Training Course includes two panel discussions:

- A panel of people living with HIV/AIDS (PLWHA) for *Module 5 Stigma and Discrimination Related to MTCT*
- A panel of healthcare workers discussing strategies for supportive care for the caregiver for *Module 8 Safety and Supportive Care in the Work Environment*

PLWHA panel

The purpose of the PLWHA panel is to offer insight into living with the social and physical effects of HIV infection. Information on choosing a panel moderator and panellists, as well as tips on how to prepare for the panel presentation and conduct the panel discussion is in the Trainer Manual, Appendix 5-B.

Supportive care for the caregiver panel

The purpose of this panel is to examine factors that contribute to burnout syndrome and develop creative solutions to prevent compassion fatigue. Other participants should feel free to contribute to the discussion: The Course Director will recruit 3 or 4 articulate participants experienced in the HIV field but not necessary PMTCT. He/she will discuss the panel presentation with these individuals during the weeks before the training begins and provide panellists with a copy of Exercise 8.4 "Questions for panellists" from the Trainer Manual.

Guest speakers

Guest speakers may have extensive expertise in technical subject areas but a limited background in interactive training. For example, a guest speaker may be chosen to present a particular session, such as the demonstration of the rapid HIV antibody test. When inviting the guest speaker, include a discussion of the following:

- An overview of the commitment they are making in the context of the course objectives
- An overview of the participants, their jobs, and level of knowledge
- The exact time allotted for the presentation

A sample guest speaker letter of invitation/confirmation is included in Appendix 7.

Trainer Preparation Days

The preparation of trainers takes place over three days in the week or month before the PMTCT Training Course. Successive sessions may be shorter if some of the trainers are experienced.

Along with discussing how the training course fits into the overall national PMTCT strategy, and how the course is managed, implemented, monitored, and evaluated, the objectives of the Trainer Preparation Days are to:

- Thoroughly review technical content.
- Use the course materials competently.
- Practise the exercises in the Trainer Manual.
- Explore strategies to maximise interactive participation.

Planning the Trainer Preparation Days

Appendix 8 includes a checklist to assist with planning the Trainer Preparation Days, as well as a tool for assigning primary and secondary trainers for each module.

Agenda for Trainer Preparation Days

Day 1 includes time for an overview of the PMTCT training, the opening ceremony/introduction and a description of the training course participants. The majority of the three days will be spent reviewing the training course starting with the introduction, going through all nine modules and ending with the closing exercise and discussion of field visit.

Discussing modules

The discussion of each of the modules could proceed as follows:

- The Course Director briefly introduces the primary and secondary trainer and the module.
- The Course Director introduces any new learning strategies and gives tips on the exercises.
- Each primary trainer presents her/his module in turn. Trainers may summarise the lecture, but take the time to practise the interactive exercises.
- Each secondary trainer functions as s/he will do on the day of the actual training eg, by taking notes on flipchart, assisting with visual aids, or moderating discussion.

Introducing the "Checklist of Training Skills"

The Course Director introduces the "Checklist of Training Skills" found in Appendix 8. S/he may go through each of the general categories, such as "movements" and "speech", and explain what they mean.

Giving feedback

Giving individual feedback is not an easy technique to learn. The Course Director can model this technique during the module feedback sessions.

Giving feedback to trainers

- Did the trainer's movements and speech help the presentation?
- Did the trainer involve the class in discussion and answer questions clearly?
- Did the trainer explain the content clearly using the visual aids as needed?
- Did the trainer use the Trainer's Manual and other materials accurately?
- Did the trainer include all of the important content?
- Did the trainer stay on schedule?

Always provide feedback on the strengths of the presentation first and then suggest areas to be modified.

²

World Health Organization, UNAIDS, UNICEF. 2000. HIV and Infant Feeding Counselling: A Training Course, Director's Guide. pg 21.



Chapter 2.3

The Field Visit

The goal of the field visit is to reinforce the classroom learning by providing participants with an observation experience in a PMTCT facility setting, such as an ANC clinic, Labour and Delivery facility, or follow-up treatment centre.

Timing of field visit

The field visit may take place any time after Module 6: HIV Testing and Counselling for PMTCT. If necessary, the field visit may take place the week after the training. The timing of the visit and the people with whom trainees will meet will be based on the learning objectives.

The objectives may include any of the following:

- To observe an HIV information provision session
- To observe an HIV counselling session
- To observe rapid testing
- To observe the provision of advice and support around ARV treatment/prophylaxis
- To observe the provision of infant-feeding counselling and support
- To observe the use of universal precautions in the Labour and Delivery setting
- To gain an understanding of the management of occupational exposure to HIV including post-exposure prophylaxis
- To discuss PMTCT course monitoring
- To observe the provision of support to an patient who is HIV infected
- To observe referral and follow-up of patients to treatment, care and support services

Small versus large groups

Depending on the number of trainees, the size of the facility, and the availability of clinic staff to host the training group, the participants may stay together as a large group or visit in smaller groups. Consideration may be given to dividing participants into interest groups related to work responsibilities and settings. Examples are as follows:

- HIV testing and counselling
- Infant feeding
- Facility management
- ANC and HIV clinical services
- Labour and Delivery

Organising the site visit

The ideal setting for the site visit is a clinical centre of excellence for PMTCT. Where possible, meet with the manager and clinical staff prior to the visit to discuss:

- The objectives of the visit
- The number of participants
- The best day or days for the visit
- The staff who will be available to meet with participants
- The potential to observe activities with patients

Additional information about the field visit, including tips for organising the visit and an interview guide for participants can be found in Appendix 9.



Chapter 2.4

Conducting the Training Course

The Course Director is present throughout the entire PMTCT Training Course to help ensure that it runs according to agenda, to support the trainers, to conduct the Daily Trainer Meetings, and to collect evaluation information.

Course Director responsibilities during the PMTCT Training Course

The Course Director may be actively involved in training; other times s/he will be the supervisor of the training team. Specific responsibilities during the course include:

- Facilitating the opening and closing ceremonies
- Introducing the trainers, speakers, and panellists
- Introducing the materials
- Supervising and supporting trainers
- Ensuring trainers have all the equipment and materials needed for their presentations
- Facilitating daily trainer meetings
- Modelling supportive teaching, gentle supervision, and confidence-building in all interactions with trainers and participants
- Ensuring that the trainer(s) follow the agenda
- Being responsible for any last minute decision or changes to the agenda
- Ensuring that participants return from breaks in a timely manner

The Course Director arrives at the training site an hour before the course to prepare for each day's training.

- On the first day, places welcome and directional signs near the entrance and on the way to the training room.
- Ensures that the room is open and that the temperature and environment are comfortable.
- Ensures the registration table is staffed, participant materials are organised, and equipment is set up and in operating order and chairs are set up for the first interactive session of the day.
- Ensures that materials are available for each of the interactive exercises that are on the agenda for the day.

Opening ceremony and course introduction

The Opening Ceremony and Course Introduction are the formal start of the training course and serve to welcome course participants, place PMTCT and PMTCT training into a national context, create enthusiasm for the course, and introduce the PMTCT National Training Curriculum. This will be the participants' first experience with the course, the time when their impressions and expectations will be set.

A two- to four-hour session may be scheduled as the "Opening Ceremony and Course Introduction". A Ministry of Health representative, local dignitary, key PMTCT professional, or the Course Director may chair the session.

Objectives of the Opening Ceremony are as follows:

- Formally open the course with a presentation from an outside speaker(s). It is important to involve at least one individual from local, district/state/provincial or national government, or from a key institution/organisation to showcase support from that agency for PMTCT services.
- Provide participants with an overview of the importance of PMTCT services
- Provide participants with an overview of how this training fits into the National Training Plan and PMTCT strategy, as well as the importance of training
- Build energy and enthusiasm for the course

Objectives of the Course Introduction include:

- Introduce trainers
- Introduce the curriculum, training, and training methods
- Discuss participants' responsibilities including ground rules
- Provide an opportunity to begin participant networking
- Provide an overview of course evaluation

Participants need to know that evaluation data provide information to improve future courses. Explain that there are (may be) two types of evaluation forms for this course:

- (Optional) The Pre- and Post-test Knowledge Questionnaire will measure changes in knowledge from the beginning of the course to the end of the course. This questionnaire is administered during the Course Introduction and just before the closing session.
- The Overall Evaluation gives the Course Director a sense of whether participants thought the course met its goals and asks for feedback on the facilities. The Overall Evaluation form is administered just before the Closing Session.

Just before the participants leave the Opening Ceremony and Course Introduction, remind them to:

- Bring their Participant Manuals and Presentation Booklets with them every day of the course
- Encourage them to read the content in the Participant Manual or Presentation Booklet each evening to introduce them to the content for the next day
- Wear their name tags each day

Daily trainer meetings

The Course Director conducts short trainer meetings at the end of the day to debrief and discuss impressions of the training.

Agenda for the daily trainer meeting

- Review of each of the modules presented by the trainer.
 - Discuss the strength of the presentation.
 - State one wish about the presentation (area for improvement).
- Talk about the progress of specific groups and individual participants
- Discuss how to manage concerns.
 - What concerns came up during the day?
 - What suggestions do the other trainers have for managing them?
- Plan for the following day(s), including preparations and practise if necessary.
 - Make sure tasks are assigned.
 - Verify that trainers have all needed materials and equipment.
 - Verify arrangements and assignments for the first day of the course.
 - Adjust schedule when necessary.

The agenda for the daily trainer meeting on the final day includes the above and solicits the trainers' impressions of the course. Additional questions that are important to ask at this time are:

- Did the course meet its objectives?
- Which two aspects of the training do you think the participants found most useful?
- Which two aspects do you think they enjoyed the most?
- What single topic was most difficult for participants to grasp?
- How could the training could be improved?

The Course Director may prepare a short summary of the meetings to document the discussion and contribute to the course evaluation process.

Closing session

The Closing Session—the formal ending of the course—includes time for completing the course evaluations, as well as for emphasising how the course supports the national PMTCT Training Programme. This is also an opportunity for the Course Director to thank the trainers, participants, visitors, and panellists for their time, commitment, and hard work. The Closing Session offers the opportunity to accomplish several important objectives:

- Complete evaluation forms
- Bring closure to the training experience
- Reinforce the importance of PMTCT and beginning the transition back to the workplace
- Present participants with their certificates (An example of a Certificate of Course Completion is included in Appendix 7.)

Agenda for the closing session

Allow the first 30 minutes for participants to complete the evaluation forms:

- (Optional) Post-Test Knowledge Questionnaire
- Course Evaluation

The course evaluation is generally followed by an address to the participants and the conferring of course certificates. The appropriate person to give participants their course certificates may include any of the following: Course Director, Course Director's supervisor, a local dignitary or MOH officer. By the closing session, the participants typically feel as if they know each other quite well, and their shared experiences over the previous days create a bond between them regarding their common task and how they will contribute to the success of the PMTCT Programme. The Closing Session acknowledges that bond and starts preparing participants to use the knowledge gained in the course when they return to the workplace.

Thank you letters

Thank you letters are sent to the people who helped to make the PMTCT Training Course a success:

- Opening Ceremony presenter(s)
- PLWHA panellists
- Trainers
- Individuals that participated in the PLWHA and policymakers and/or healthcare provider panel
- Guest speakers
- Closing Session presenter(s)

Sample thank you letters are included in Appendix 7: Sample Documents.

Evaluation

A range of evaluation information is available from the daily trainer meetings, informal participant feedback, and course evaluation forms.

The evaluation data for each PMTCT course may be summarised into a brief report that could:

- Ease the data collection, compilation, and analysis for reporting
- Provide a progress report to the Ministry of Health
- Provide direction for course revision
- Provide a record to assist planning for the next course



Section 3

Appendices

Appendix 1 Developing the national training plan

First meeting	
Preparation	<ul style="list-style-type: none"> ▪ Agree on meeting goal and objectives. ▪ Decide who will chair the meeting. ▪ Develop agenda. ▪ Agree on participant list. ▪ Set dates according to participants' schedules. ▪ Agree how suggestions from meeting will be incorporated into the final document. ▪ Decide how proceedings of meeting will be recorded. ▪ Choose meeting site. ▪ Send out invitations with agenda.
Sample Meeting Agenda	<p>Title of meeting—Date/Time/Location</p> <ul style="list-style-type: none"> ▪ Welcome and introductions ▪ Overview of the goal to develop the National Training Plan for PMTCT services ▪ Presentation on PMTCT <ul style="list-style-type: none"> ▪ Overview and rationale of PMTCT ▪ Overview of PMTCT services ▪ Funding ▪ National Goals for PMTCT training ▪ Presentation on PMTCT training <ul style="list-style-type: none"> ▪ Current status of training (numbers trained, numbers needing training) ▪ Introduce the PMTCT Generic Training Package. ▪ Discussion of National PMTCT Training Plan <ul style="list-style-type: none"> ▪ Target audience ▪ Number of participants ▪ Learning needs/training content/topics ▪ Length of training ▪ Responsible entity ▪ Training infrastructure ▪ Timeline, budget and funding source ▪ Overview and timeline for the evaluation plan ▪ Process and timeline to review and update plan ▪ Next steps ▪ Discussion of process of adaptation of Generic Training Package ▪ Date/time/site of next meeting to review draft plan and draft of adaptation of package
Second planning meeting	
Preparation	<ul style="list-style-type: none"> ▪ Draft agenda for Chair's approval. ▪ Send out minutes from previous meeting, draft of national plan, and reminder of date, time and location of the next meeting.
Sample Meeting Agenda	<p>Title of meeting—Date/Time/Location</p> <ul style="list-style-type: none"> ▪ Welcome and overview of objectives ▪ Summary of work since the first meeting ▪ Presentation of draft National Training Plan ▪ Discussion of document ▪ Action on approval ▪ Review of adaptation of Generic Training Package ▪ Action on approval ▪ Next steps

Appendix 2 Sample evaluation tools

Course Evaluation Form

Course Evaluation
PMTCT Training Course — (Insert) Dates/Location

What is your discipline?

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Midwife	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Outreach Worker	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Other (please state: _____)	

Please place a check in the box that best describes your level of understanding or ability for each of the following items (with "1" being the lowest level and "5" being the highest):

		Low 1	2	3	4	High 5
1. Understanding of PMTCT in the context of an antenatal setting	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to provide HIV testing and counselling in line with national policy	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to advise and support women on ARV treatment/prophylaxis	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to provide women who are HIV infected with information, counselling and support around infant feeding	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Understanding of Universal Precautions as it applies to your work setting	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Understanding of the management of occupational exposure to HIV (including post-exposure prophylaxis)	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Understanding of PMTCT programme monitoring and the role you have to play	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to implement the PMTCT programme as described in national policy	Before Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	After Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What is the most important information you learned at this training course?

2. What did you like least about this training course?

3. What did you like most about this training course?

4. What information/topics should be included in future trainings?

5. Will you change your practice after attending this activity? ☐ Yes ☐ No

If you answered "YES", please indicate what you will change in your practice.

If you answered "NO", please indicate why you do not expect to change your practice.

Please rate the following aspects of the training course.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Meeting facilities were adequate for this training				
2. Participant Manual and other handouts were helpful				
3. There was enough time to cover all material				
4. Ideas were communicated clearly				
5. Presenters gave personal attention to participants when necessary				
6. Questions were answered to my satisfaction				

Additional Comments:

Thank you for your time!

Appendix 2 Sample evaluation tools

Sample Pre- and Post-Test Knowledge Questionnaire

Note to Course Director:

This Knowledge Questionnaire contains content taught within each of the nine modules in the Participant Manual. You may select questions that apply to these nine modules and simplify or substitute language depending upon participant experience with multiple choice testing. The question stem and correct choice may be redesigned into a true and false format.

PMTCT Training Course
Sample Knowledge Questionnaire

Directions: Please read each question carefully and circle the letter of the **most accurate** response to the question.

1.	What is the most common route of HIV transmission worldwide? a) Blood transfusions b) Heterosexual contact c) Intravenous drug use d) Mother-to-child transmission
2.	According to the adult WHO Staging System of HIV infection, a clinical symptom of Stage II is a) Chronic diarrhoea lasting more than one month b) Normal activity level without symptoms c) Recurrent upper respiratory tract infections d) Kaposi's sarcoma
3.	The risk of mother-to-child transmission of HIV infection increases when a) Breastfeeding is continued over time b) Non-invasive delivery procedures are used c) Maternal viral load is low d) Sexually transmitted infections are treated early
4.	Primary prevention of HIV infection includes all of these, except a) Correct and consistent use of condoms b) Excluding male partners from HIV education programs c) Delaying the age of first sexual intercourse d) Being faithful to one uninfected partner who is faithful as well
5.	Screening and treatment for tuberculosis (TB) should be available to a) Women who are HIV-infected who are not receiving antiretroviral treatment b) All women presenting for ANC services with a cough of more than 2 weeks c) Women who are HIV-infected with recent exposure to tuberculosis d) All the above
6.	The first choice WHO-recommended mother-infant regimen for antiretroviral prophylaxis in PMTCT is a) Single dose nevirapine b) Zidovudine (ZDV) and nevirapine (NVP) c) Zidovudine (ZDV) and lamivudine (3TC) d) Zidovudine (ZDV), lamivudine (3TC) and saquinavir/ritonavir (SQV/r)

Appendix 2 Sample evaluation tools *(continued)*

7.	What is one advantage of using commercial infant-feeding formula? a) It provides all the nutrients and antibodies a baby may need b) It is always available c) Other family members can help feed the baby d) It carries very little risk of causing diarrhoea or bacterial infections
8.	When exclusive breastfeeding with early cessation is the chosen infant-feeding option, at what age should cessation take place? a) Eight months b) Within four months c) As soon as safely possible given local circumstances d) Twelve months
9.	Postnatal infant-feeding counselling and follow-up are required a) Mainly during the first few months of breastfeeding b) When replacement feeding is the chosen option c) Whenever a mother decides to change her feeding practice d) At selected intervals based on clinic protocols
10.	International human rights declarations include the rights of persons living with HIV/AIDS (PLWHA) to a) Reduce the number of working hours b) Socially isolate themselves within their communities c) Access antiretroviral treatment and be free from HIV/AIDS related discrimination d) Disclose their diagnosis within a specified period of time to employers
11.	Before HIV testing, pre-test information may include the following a) Confidentiality b) Benefits of partner testing c) Safer sex practices d) All of the above
12.	How do the HIV rapid tests measure HIV serostatus? a) Detecting the presence of HIV antigen b) Detecting the presence of HIV antibody c) Determining the quantity of HIV d) Detecting the presence of viral DNA
13.	Standard diagnosis of HIV infection in infants according to WHO guidelines occurs a) Within 48 hours of birth using HIV-DNA PCR testing b) At 12 months using the Western Blot c) At 18 months using antibody testing d) At 12 months using the ELISA
14.	Prophylaxis for <i>Pneumocystis Carinii</i> Pneumonia (PCP) with cotrimoxazole is recommended for a) Persons with symptomatic HIV b) Adults/adolescents with CD4 cell counts less than 500/mm ³ c) All HIV-exposed infants until HIV infection is ruled out d) All of the above
15.	PLWHA have a 40% lifetime risk of becoming co-infected with a) Malaria b) Helminth infection c) Tuberculosis d) Cytomegalovirus

Appendix 2 Sample evaluation tools *(continued)*

16.	The first step in making contaminated instruments and equipment safe to handle is a) Cleaning with soap and hot running water b) Sterilisation using heat or steam c) Boiling for 20 minutes d) Decontamination by soaking in a bleach solution for 10 minutes
17.	Protocols for managing occupational exposure to HIV infection include antiretroviral prophylaxis administered to the worker a) As soon as rapid testing confirms HIV diagnosis of the source b) Within 2 hours after the exposure c) Once clearance from the medical supervisor is obtained d) Within 24 hours after the exposure
18.	Which of the following describes the routine assessment of ongoing activities through record keeping and regular reporting? a) Situation assessment b) Implementation c) Monitoring d) Evaluation
19.	Which of the following represents a health facility indicator that can be monitored to determine programme activity? a) Percentage of orphans linked to mothers who are HIV-infected in Asia b) Nationwide statistics on HIV prevalence in pregnant women between 15 and 25 years or age c) Percentage of women receiving pre-test information in ANC clinic who are tested for HIV d) Number of PLWHA who are co-infected with tuberculosis worldwide
20.	Collection of usable data in programme management requires a) Understanding the data to be collected b) Standardising collection tools and terms used c) Recording the data each time in the same way d) All of the above

Correct answers: 1(b), 2 (c), 3(a), 4(b), 5(d), 6(b), 7(c), 8(c), 9(c), 10(c), 11(d), 12(b), 13(c), 14(c), 15(c), 16(d), 17(b), 18(c), 19(c), 20(d)

Appendix 2 Sample evaluation tools

Participant Long-term Outcome Interview Guide PMTCT Training Course

Thank you for agreeing to participate in this interview. We are talking with those who attended the PMTCT Training Course to improve future courses. Your responses will be anonymous. Findings of the survey will be reported as aggregate (as a group) only; there will be no way anyone can trace back a particular response to you.

1. Date _____

2. What is your discipline?

- ☐ Physician
 ☐ Nurse
 ☐ Midwife
 ☐ Social Worker
☐ Outreach Worker
 ☐ Counsellor
 ☐ Other (please state: _____)

3. When did you attend the PMTCT training course?

4. Are you currently working in a setting that provides PMTCT services?

	Not at all valuable	Not very valuable	Somewhat valuable	Extremely valuable
5. How valuable did you find the PMTCT training course?				

	No	Maybe	Yes
6. Would you recommend (or have you recommended) this training to others?			

7. How did the training influence the way you provide the following services:

a. HIV testing and counselling

b. Helping patients who are HIV-infected deal with stigma and discrimination

c. Infant-feeding counselling and support

d. ARV treatment and prophylaxis

e. Caring for women who are HIV-infected during labour and delivery

f. Answering questions and referring patients to local agencies that provide treatment, care, and support for mothers and families with HIV

g. Providing or ensuring follow-up care and HIV testing of infants

8. In thinking back to the course, which part was the most valuable to your work?

9. Which was least valuable?

10. What suggestions do you have for improving the course?

11. In what areas related to PMTCT do you feel you would like additional training?

12. What other comments or suggestions do you have about the training?

Thank you for your time!

Appendix 2 Sample evaluation tools

Facility Supervisor Long-term Outcome Interview Guide PMTCT Training Course

Thank you for agreeing to participate in this interview. We are talking with the supervisors of those who attended the PMTCT Training Course to improve future courses. Your responses will be anonymous. Findings of the survey will be reported as aggregate (as a group) only; there will be no way anyone can trace back a particular response to you.

1. Date _____

1. What is your job title?

2. What are the names of the facilities (PMTCT) for which you have responsibility?

3. When did your staff attend the PMTCT training?

4. How did the training affect the way staff provide the following services:

a. HIV testing and counselling

b. Helping patients who are HIV-infected deal with stigma and discrimination

c. Infant-feeding counselling and support

d. ARV treatment/prophylaxis

e. Care to women who are HIV-infected during labour and delivery

f. Refer women to local agencies that provide treatment, care, and support for mothers and families with HIV

g. Follow-up care and HIV testing of infants

5. What were the strengths of the training?

6. What were the weaknesses of the training?

7. What suggestions do you have for improving the course?

8. What are the additional PMTCT-related training needs of staff that attended the course?

9. What other comments or suggestions do you have about the training?

Thank you for your time!

Appendix 2 Sample evaluation tools

PMTCT Refresher Course Course Needs Assessment

A training workshop is being planned for providers at all PMTCT sites. Your input will help to design a training that meets educational needs. Please complete the following survey and return it

to <person> _____ by <date> _____

1. Date _____
2. What is your discipline?
☐ Physician ☐ Nurse ☐ Midwife ☐ Social Worker
☐ Outreach Worker ☐ Counsellor ☐ Other (please state: _____)
3. Did you attend a PMTCT training course? No _____ If yes, when and where?

I would like to know more about:

Please circle one choice:	1 Very important to include	2 Important to include	3 Unsure if Needed	4 Probably NOT necessary	5 Does NOT need to be included
Educating/counselling pregnant women about HIV testing	1	2	3	4	5
Giving pregnant women HIV test results	1	2	3	4	5
Referring women who are HIV-infected for specialty medical care	1	2	3	4	5
Assessing symptoms in women who are HIV-infected	1	2	3	4	5
Laboratory follow-up who are HIV-infected	1	2	3	4	5
Family planning for women who are HIV-infected	1	2	3	4	5
Patient/family education for families affected by HIV	1	2	3	4	5
Nutritional assessment of women who are HIV-infected	1	2	3	4	5
Caring for women who are HIV-infected during labour and delivery	1	2	3	4	5
ARV treatment and prophylaxis to PMTCT	1	2	3	4	5
Infant-feeding counselling and support	1	2	3	4	5

Appendix 2: Sample evaluation tools *continued*

<i>Continued from previous page</i>	1 Very important to include	2 Important to include	3 Unsure if Needed	4 Probably NOT necessary	5 Does NOT need to be included
Infant feeding for infants who are HIV-exposed	1	2	3	4	5
Diagnosis of infants born to mothers who are HIV-infected	1	2	3	4	5
Counselling parents about HIV testing of infants who are HIV-exposed	1	2	3	4	5
Immunisation schedule for infants who are HIV-exposed	1	2	3	4	5
Assessing symptoms in infants who are HIV-exposed	1	2	3	4	5
Psychosocial assessment of families affected by HIV	1	2	3	4	5
Psychosocial support for families affected by HIV	1	2	3	4	5
Helping families cope with grief and loss	1	2	3	4	5
Helping families cope with chronic illness	1	2	3	4	5
Disclosure of HIV status to family and others	1	2	3	4	5
Community agencies for support services	1	2	3	4	5
Support for healthcare providers caring for families affected by HIV	1	2	3	4	5
Stigma and discrimination related to HIV/AIDS	1	2	3	4	5
Infection control in the workplace	1	2	3	4	5
PMTCT programme monitoring	1	2	3	4	5

What are the three areas in which you most want training?
(Choose from the list above or add your own topics)

1. _____
2. _____
3. _____

Thank you for your time

Appendix 3 Generic training package adaptation process

STEP	DESCRIPTION
Step 1: Adapt Generic Participant Manual, consult with stakeholders.	<ul style="list-style-type: none"> See Appendix 4 for a listing of the policies to be added and text that should be considered for adaptation. Develop policy summaries, if appropriate. Modify the text of the Participant Manual where necessary. Consult with stakeholders on the initial draft of the adaptation.
Step 2: Revise adaptation.	<ul style="list-style-type: none"> Make the revisions to Participant Manual as suggested by the stakeholders.
Step 3: Approve Participant Manual.	<ul style="list-style-type: none"> Obtain final approval of the Participant Manual.
Step 4: Adapt clinician support materials.	<ul style="list-style-type: none"> Adapt the Presentation Booklet, Pocket Guide, and Wall Charts. Follow process of approval as agreed at stakeholders meeting.
Step 5: Adapt Trainer Manual.	<ul style="list-style-type: none"> See Appendix 5 for guidance on adapting the Trainer Manual.
Step 6: Plan initial training course.	<ul style="list-style-type: none"> This process can be started while working on Steps 3–5.
Step 7: Develop evaluation plan.	<ul style="list-style-type: none"> Develop the plan to monitor and evaluate the training effort. This process can be started while working on Steps 1–6.
Step 8: Implement initial training course.	<ul style="list-style-type: none"> Organise and implement the initial training course.
Step 9: Revise national training curriculum.	<ul style="list-style-type: none"> Revise as suggested by the evaluation of the initial course.
Step 10: Implement revised national PMTCT curriculum	<ul style="list-style-type: none"> Proceed with training strategy on district/state and local level using the new PMTCT national training curriculum. Monitor and evaluate training activities.
Step 11: Review training curriculum annually	<ul style="list-style-type: none"> Revise the curriculum to include updates in the generic product, lessons learned in the field, and modifications in national policy.

³ The Participant Manual should be translated either before Step 1 (ie, if the generic document is to be translated) or after Step 3: "Final Approval of Participant Manual" (ie, if the adapted version will be translated). The remaining components of the package may be translated after the Participant Manual has been adapted, translated and approved.

Appendix 4 Adapting the Participant Manual

The middle column ("Insert") is a listing of the national policies that are recommended for inclusion in a national curriculum. The column entitled "Adapt/Revise" lists the sections of the Generic Participant Manual that may be considered for editing to ensure the module text supports national policy.

MODULE	INSERT	ADAPT/REVISE
Introduction: Prevention of Mother-to-Child Transmission of HIV		After Module 1-9 are revised, update the following: <ul style="list-style-type: none"> Table of Contents "Abbreviations and Acronyms" to include any local/national abbreviations; delete any that were deleted from the text "Course syllabus for PMTCT Generic Training Package"
1: Introduction to HIV/AIDS	Session 1 <ul style="list-style-type: none"> Brief summary of local/national/regional epidemiology of HIV If available, a graph illustrating HIV prevalence among pregnant women at antenatal clinics (a local variation on Figure 1.2) Session 1 	Session 2 <ul style="list-style-type: none"> "Natural history (or course) of HIV infection" section: ensure technical information in "Seroconversion" corresponds with information in national policies/guidance "Staging systems for HIV" note which of the two (WHO or CDC) is used more often
2: Overview of HIV Prevention in Mothers, Infants, and Young Children	Session 3 <ul style="list-style-type: none"> Element 3: Prevention of HIV transmission from women infected with HIV to their infants <ul style="list-style-type: none"> Local/national/regional summary of epidemiology of MTCT Brief introduction to local/national PMTCT policy and programme including PMTCT targets Element 4: Provision of treatment, care, and support to women infected with HIV, their infants, and their families <ul style="list-style-type: none"> Local/national PMTCT-Plus targets Appendices <ul style="list-style-type: none"> Appendices: copies of patient brochures on personal risk reduction strategies (if available) 	Session 3 <ul style="list-style-type: none"> "Element 4: Provision of treatment, care, and support to women infected with HIV, their infants, and their families" Summary of services available locally

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
3: Specific Interventions to Prevent MTCT	<p>Session 1</p> <ul style="list-style-type: none"> National policy/guidelines on antiretroviral treatment and prophylaxis for the prevention of MTCT (PMTCT) <p>Session 2</p> <ul style="list-style-type: none"> National guidelines on ANC care/management of HIV-infected women and women with unknown status ANC/PMTCT confidentiality policy, policy on recording HIV status in patient's medical record (if not in above) <p>Session 3</p> <ul style="list-style-type: none"> National policy on management of labour and delivery of women infected with HIV and women with unknown HIV status National policy on testing and counselling in labour <p>Session 4</p> <ul style="list-style-type: none"> National guidelines on immediate postpartum care of women who are HIV-infected and women with unknown HIV status <p>Session 5</p> <ul style="list-style-type: none"> National guidelines on immediate newborn care of infants who are HIV-exposed and infants with unknown HIV status 	<p>Session 1</p> <ul style="list-style-type: none"> Review entire session to ensure compatibility with national policy/guidance <p>Session 2</p> <ul style="list-style-type: none"> "Preventing opportunistic infections" Add any common opportunistic infections that cause adverse outcomes in pregnant women "Recurrent or chronic infection" Add any other common infections that are not already included in the listing of examples Table 3.1 "Essential Package of Integrated Antenatal Care Services" to reflect the ideal package of care for ANC patients <p>Session 3</p> <ul style="list-style-type: none"> "Considerations Regarding Mode of Delivery" to reflect national policy on vaginal delivery versus elective cesarean section "Strategies to reduce MTCT risk in women with unknown HIV status" including "Testing and counselling during labour" and "Providing ARV prophylaxis without testing" to reflect national policies
4: Infant Feeding in the Context of HIV Infection	<p>Session 2</p> <ul style="list-style-type: none"> National HIV infant-feeding policy and recommendations <p>Session 3</p> <ul style="list-style-type: none"> National guidelines on infant-feeding counselling and support 	<p>Session 2</p> <ul style="list-style-type: none"> "Feeding Options During the First 6 Months" Revise this entire session to reflect the infant-feeding options covered in national policy (delete options that are not appropriate or practised) "Table 4.1 Commercial infant formula" cost of Commercial Infant Formula (if applicable) "Option2: Home-modified animal milk" cost of micronutrient supplements and sugar (if applicable) <p>Appendices</p> <ul style="list-style-type: none"> "Appendix 4-C Complementary feeding from 6-24 months" to reflect local guidelines, customs and foods

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
5: Stigma and Discrimination Related to MTCT	Session 1 <ul style="list-style-type: none"> National policies on discrimination, equal rights, and human rights relevant to people with HIV Local or national policies regarding patient rights within PMTCT and ANC services 	Session 2 <ul style="list-style-type: none"> "Examples of stigmatisation and discrimination" to include local examples Session 3 <ul style="list-style-type: none"> "Dealing with Stigma and Discrimination in Healthcare Settings and Communities" (entire session) to include relevant national, local, site-specific or individual interventions to address HIV/AIDS-related stigma
6: HIV Testing & Counselling for PMTCT	Session 1 <ul style="list-style-type: none"> National HIV testing policy National confidentiality policy National policy on opt-in vs. opt-out, informed consent & disclosure recommendations (if not included in above) Session 2 <ul style="list-style-type: none"> Algorithm for HIV testing (eg, rapid test and/or ELISA) Policy on diagnostic testing of the infant exposed to HIV, including HIV antibody or viral testing Algorithm(s) for diagnosing HIV infection in an infant born to a mother with HIV Session 3 <ul style="list-style-type: none"> National pre-test Information and counselling policies or guidance Session 4 <ul style="list-style-type: none"> National post-test counselling policies or guidance for both women who test HIV-positive and women who test HIV-negative 	Session 2 <ul style="list-style-type: none"> "HIV Testing" (entire session) to reflect the tests used "All testing follows the same basic steps:" (under "Overview of HIV testing") to ensure that the guidance on "window period" agrees with national local guidance. Session 3 <ul style="list-style-type: none"> "Pre-Test Information and Counselling" (entire session) to reflect national guidelines Session 4 <ul style="list-style-type: none"> "Post-Test Information and Counselling" (entire session) to reflect national guidelines Appendices <ul style="list-style-type: none"> "Appendix 6-E Post-test counselling checklist, HIV-negative result" to reflect national guidelines "Appendix 6-F Post-test counselling checklist, HIV-positive result" to reflect national guidelines

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection	<p>Session 1</p> <ul style="list-style-type: none"> ▪ Listing of local agencies providing clinical and social support services for mothers and families with HIV <p>Session 2</p> <ul style="list-style-type: none"> ▪ Guidelines on postpartum care of the mother with HIV Infection ▪ Guidelines on prevention and treatment of opportunistic infections such as PCP and TB ▪ National guidelines on HIV care and treatment for adults, including ARV treatment ▪ Any other national guidelines on treatment of symptoms and palliative care, nutritional support, and social and psychosocial support (if not included in above) <p>Session 3</p> <ul style="list-style-type: none"> ▪ Guidelines for follow-up visits and immunisation schedule for the infant/child exposed to HIV ▪ Clinical guidelines on the care and treatment, including ARV treatment, of infants/children who are HIV-exposed or HIV-infected 	<p>Session 2</p> <ul style="list-style-type: none"> ▪ "Treatment, Care, and Support of the Mother with HIV Infection" (entire Session) to reflect local/national follow-up guidelines and services for the mother with HIV <p>Session 3</p> <ul style="list-style-type: none"> ▪ "Treatment, Care, and Support of the Infant and Young Child Exposed to HIV" (entire session) to reflect national guidelines and services for infants and young children <p>Appendices</p> <ul style="list-style-type: none"> ▪ Appendix 7-A "Tuberculosis (TB)" with local recommendations for prevention and treatment of TB ▪ Appendix 7-C "<i>Pneumocystis carinii</i> pneumonia prophylaxis in adults and infants" with national guidelines for PCP prophylaxis in adults and infants ▪ Appendix 7-D "Suggestions to maximise food intake" review the "Suggested Strategies" to ensure they reflect locally available and acceptable foods
8: Safety and Supportive Care in the Work Environment	<p>Session 1</p> <ul style="list-style-type: none"> ▪ National guidelines, policies, standards of procedure on Universal Precautions in MCH/ANC settings <p>Session 2</p> <ul style="list-style-type: none"> ▪ National guidelines, policies, standards of procedure on handling and decontamination of equipment and materials if not included previously in Session 1 ▪ National policy on risk reduction in the obstetric setting 	<p>Session 1</p> <ul style="list-style-type: none"> ▪ "Universal precautions" to reflect national guidelines/policies/standards of procedure <p>Session 2</p> <ul style="list-style-type: none"> ▪ "When it is necessary to recap, use the single-handed scooping method:" and "One-handed recap method:" delete these sections including diagrams if recapping is NEVER practised ▪ "Sharps containers" to reflect national guidelines/policies/standards

Appendix 4 Adapting the Participant Manual *continued*

MODULE	INSERT	ADAPT/REVISE
8: Safety and Supportive Care in the Work Environment <i>continued</i>		<p>Session 2 <i>continued</i></p> <ul style="list-style-type: none"> "Personal protective equipment", "Decontamination of equipment", "Safe work practices" and "Risk reduction in the obstetric setting" to reflect national guidelines and practices <p>Session 3</p> <ul style="list-style-type: none"> "Post-exposure prophylaxis" and "Guidelines for providing PEP" to reflect local/national policy. If a PEP policy does not exist either locally or nationally, consider deleting or revising this session. <p>Session 4</p> <ul style="list-style-type: none"> "Signs & symptoms of burnout" and "Tips for managing burnout" to reflect local risks and local tips to prevent burnout <p>Appendices</p> <ul style="list-style-type: none"> "Appendix 8-A Guidelines for cleaning, sterilisation, and disposal of infectious waste materials" to reflect local/national policy "Appendix 8-B Managing occupational exposure to HIV" to reflect local/national policy
9: PMTCT Programme Monitoring	<p>Session 2</p> <ul style="list-style-type: none"> National indicators for PMTCT programmes Health Facility indicators for PMTCT programmes <p>Appendices</p> <ul style="list-style-type: none"> Full set of forms used in the PMTCT programme 	<p>Session 3</p> <ul style="list-style-type: none"> Table 9.1 "Flow of Record Keeping Data" to reflect national flow of data <p>Appendices</p> <ul style="list-style-type: none"> Replace or revise Appendix 9-B "Sample PMTCT Columns to Add to Standard ANC and Maternity Ward Registers" to reflect local forms
Field Visit		<ul style="list-style-type: none"> "Timing and objectives of field visit" to reflect locally/nationally agreed objectives "Field visit interview guide" to reflect locally/nationally agreed objectives
Glossary	<ul style="list-style-type: none"> Any key terminology added to text 	<ul style="list-style-type: none"> Revise definitions or spelling as appropriate
Resources	<ul style="list-style-type: none"> National/local resources 	<ul style="list-style-type: none"> Add national/local resources as appropriate

Appendix 5 Adapting the Trainer Manual

Include all the insertions, adaptations, revisions from the Participant Manual. In addition, consider the cultural relevance and appropriateness of the following exercises

MODULE	ADAPT/REVISE
Course Overview and Introduction	Introduction Exercise 2 Determining the ground rules for the course <ul style="list-style-type: none"> Consider any other ground rules that may be necessary
1: Introduction to HIV/AIDS	Exercise 1.2 HIV 1, 2, 3 Knowledge interactive game <ul style="list-style-type: none"> Review for difficulty level and adjust questions if necessary
2: Overview of HIV Prevention in Mothers, Infants, and Young Children	Exercise 2.2 Local terminology: interactive discussion <ul style="list-style-type: none"> Ask colleagues working in the HIV prevention and care field to tell you the local terms and phrases used to discuss sex, STIs, HIV disease, or condoms.
3: Specific Interventions to Prevent MTCT	Exercise 3.1 Antenatal care: case studies Exercise 3.2 Labour and delivery ARV prophylaxis: case studies Exercise 3.3 Immediate postpartum care of women who are HIV-infected and women with unknown HIV status: case studies Exercise 3.4 Immediate postnatal care of infants who are HIV-exposed: case studies <ul style="list-style-type: none"> Discuss all case studies with local clinicians. Adapt the circumstances, names and ages of the characters and debriefing questions to reflect local situations and issues. Add or drop scenarios to make them more locally appropriate.
4: Infant Feeding in the Context of HIV Infection	Exercise 4.2 National and local policies on infant feeding: large group discussion <ul style="list-style-type: none"> Discuss with local PMTCT staff the degree to which national infant-feeding policies or protocols are reflected in current feeding practices. Exercise 4.3 Infant-feeding counselling and support: role play <ul style="list-style-type: none"> Discuss all role plays with local clinicians. Adapt the circumstances and names to reflect local situations and issues. Add or drop roles to make them more locally appropriate.
5: Stigma and Discrimination Related to MTCT	Exercise 5.1 Labels: interactive game <ul style="list-style-type: none"> Consider the "Labels" as listed in the "Advance Preparation" section for Session 1; modify as appropriate. Choose labels of groups that are subject to HIV-related stigma and discrimination. Exercise 5.2 Examples of stigma and discrimination: large-group discussion <ul style="list-style-type: none"> Ask local PLWHA for examples of stigma and discrimination that they have heard or witnessed. Find out from local PMTCT facility managers the policies and procedures that are in place to protect staff and patients from discrimination. Alternative Exercise 5.3 Stigma and discrimination: case study <ul style="list-style-type: none"> Similar to the case studies in Module 3, if using the alternative Exercise 5.3, review the case with local clinicians. Adapt the circumstances, names and ages of the characters and debriefing questions to reflect local situations and issues. Add or drop scenarios to make them more locally appropriate.

Appendix 5 Adapting the Trainer Manual *continued*

MODULE	ADAPT/REVISE
6: HIV Testing and Counselling for PMTCT	<p>Exercise 6.1 Confidentiality role play</p> <ul style="list-style-type: none"> Ask clinicians for ideas to make the role-play appropriate and find out about adherence to local confidentiality policies. Adapt the situation and names to make it relevant to participants. <p>Exercise 6.4 Post-test counselling: small group role play</p> <ul style="list-style-type: none"> Ask clinicians to ensure that the scenarios for HIV-negative and HIV-positive test results are typical of your area; edit the situations, names and ages or add/drop scenarios as necessary.
7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection	<p>Exercise 7.2 Postpartum case study</p> <ul style="list-style-type: none"> Ask clinicians to ensure the scenarios are typical of your area. Adapt the scenario, name and age of the main character as well as the debriefing questions to reflect local situations and issues. <p>Exercise 7.3 Clinical presentation of HIV in infants</p> <ul style="list-style-type: none"> Ask paediatric HIV clinicians about the common presentation of HIV in infants and young children.
8: Safety and Supportive Care in the Work Environment	<p>Exercise 8.1 Reducing HIV transmission risk in MCH settings: case study</p> <ul style="list-style-type: none"> Edit the scenario, name and description of care provided to reflect local situations and guidelines. <p>Exercise 8.2 Promoting a safe work environment resource list: group discussion</p> <ul style="list-style-type: none"> Liaise with a local control of infection nurse to find out if the resource list is appropriate; find out safe ways to be flexible in the extraordinary situations or in situations where some equipment or materials are not available. <p>Exercise 8.3 PEP case study: small-group discussion</p> <ul style="list-style-type: none"> Ask clinicians to ensure scenario is typical of your area. Adapt the scenario, name and the debriefing questions. <p>Exercise 8.4 Compassion fatigue/burnout in PMTCT programmes: large group discussion</p> <ul style="list-style-type: none"> Discuss compassion fatigue/burnout with local clinicians working in the HIV field. If they don't recognize it, then describe the symptoms and enquire if they have seen these signs/symptoms in themselves, staff or colleagues. Find out a bit more about how compassion fatigue presents and how it is being managed.
9: PMTCT Programme Monitoring	<p>Exercise 9.1 Understanding indicator requirements: small group discussion</p> <ul style="list-style-type: none"> Ask a PMTCT facility supervisor if the scenario is typical. Adapt the scenario, name and the debriefing questions to reflect local and national monitoring requirements and practices. <p>Exercise 9.2 Using indicators: small group discussion</p> <ul style="list-style-type: none"> Talk with national PMTCT Coordinator to obtain information on the number and percentage of pregnant women receiving ARV treatment/prophylaxis. If the information on treatment/prophylaxis is available, choose an indicator targeted for reporting/improvement and change the scenario accordingly. <p>Exercise 9.3 Completing local PMTCT forms (optional)</p> <ul style="list-style-type: none"> Have available local PMTCT Forms to present to trainees. Consider

Appendix 6 Course Director checklists

Activity Checklist

ACTIVITY CHECKLIST: Course Director orientation (before the first course)	
✓ when complete	Activity
	Familiarise yourself with national PMTCT Strategy.
	Familiarise yourself with national PMTCT/HIV Training Plan.
	Familiarise yourself with the PMTCT generic training package and all of its components.
	Familiarise yourself with the Evaluation Plan and materials.
	Participate in local activities around package adaptation.
	Assess if Participant Manual is expected to be adapted locally or if the adaptation process was completed at a national level.
	Liaise with local PMTCT clinicians, HIV providers, PLWHA and others to make any necessary adaptations to the exercises in the Trainer Manual.
	Liaise with local PMTCT clinic managers/supervisors to promote training and ensure that your training supports their clinical work.
	Verify local training budget.
ACTIVITY CHECKLIST: before each training course	
✓ when complete	Activity
	Verify budget for this training.
	Finalise course syllabus.
	Finalise names of trainers.
	Finalise names of panellists/guest speakers.
	Identify site, confirm dates of availability for both the Trainer Preparation Days and the PMTCT Training Course. (See site checklist.)
	If course is residential, secure block of rooms for participants in same site as training or nearby site; if nearby site, consider daily transportation to/from hotel and training.
	Finalise dates for course.
	Agree on maximum number of participants.
	Agree on arrangements such as sitting fees, per diem.
	Identify speakers for Opening and Closing Sessions.
	Identify site and contacts for field visit.
	Finalise dates and agenda for Trainer Preparation Days.
	Send letter of confirmation to trainers.
	Send letter of confirmation to panellists/guest speakers.
	Send letter of confirmation to presenters (for opening ceremony or closing session).
	Send letter of confirmation to hosts of field visit site(s).
	Develop course flyer and registration materials.
	Promote the course: liaise with PMTCT clinic supervisors, Labour & Delivery staff and others as appropriate. Target participants as suggested by national training plan.
	Set agenda for Opening Ceremony and Course Introduction.
	Set agenda for Closing Session.
	Set agenda and interview guides for field visit.
	Assure supply of Participant materials including Manual, Pocket Guide, Wall Charts and Presentation Booklet.
	Start registering participants, send out letters of confirmation on a rolling basis.
	Confirm site for Trainer Preparation Days.
	Arrange for food for training and Trainer Preparation Days.

Appendix 6 Course Director checklists *continued*

ACTIVITY CHECKLIST: before each training course	
✓ when complete	Activity
	Conduct Trainer Preparation Days. Identify and confirm availability of equipment for training (projector, extension cords/leads and flipchart and/or white/black board).
	Purchase or identify materials for training, see "Equipment and Supplies Checklist" below for a comprehensive list.
	Ensure copies of evaluation materials are ready.
	Prepare certificates of course completion.
	Make name tags (optional, alternatively have participants write out their own name tags at the beginning of the opening ceremony).
	Identify staff to check-in participants on first day of training.
	A day or two before the training, check on training room, ensure room will be appropriately set up for the Opening Ceremony.

ACTIVITY CHECKLIST: site planning checklist	
✓ when complete	Activity
	Identify sites for both the Training Preparation Days and the PMTCT Training Course, confirm dates of availability.
	Obtain written directions for those walking, driving or taking public transportation to training site.
	Enquire about car parking, including cost.
	Enquire about access for disabled participants.
	Obtain cost estimates for food/refreshments. <ul style="list-style-type: none"> ▪ Menu and cost of breakfast/lunch ▪ Refreshments (mid-morning or mid-afternoon snack, coffee/tea, water) ▪ How cost of food will be billed ▪ If outside catering can be brought into site
	Choose a vendor for food and refreshments.
	Obtain extra table to register participants on first day.
	Obtain cost estimates for renting training equipment such as projector and flipchart and whether equipment can be brought in for the training days.
	Finalise arrangements for equipment.
	Obtain names and phone number of on-site contact people: <ul style="list-style-type: none"> ▪ Technical person affiliated with the site (in case of difficulty such as temperature of room) ▪ Logistical person affiliated with the site (in case refreshments are late) ▪ Audiovisual person, if equipment is rented
	In the training room, enquire about: <ul style="list-style-type: none"> ▪ Unlocking the door in the morning and afternoon? ▪ How to turn on/off the lights? ▪ Is there a projection screen? ▪ Are there blinds/curtains to darken the room? ▪ Are there enough table/chairs and space to set up for break-out groups (so that chairs do not have to be re-arranged each time)? ▪ Is placement of electrical outlets adequate and whether extension cords/leads will be necessary? ▪ Is the lighting adequate? ▪ Check temperature and how to adjust it if needed

Appendix 6 Course Director checklists *continued*

ACTIVITY CHECKLIST: after each training course	
✓ when complete	Activity
	Draft and send out thank you letters to guest speakers, panellists and presenters (for opening ceremony and closing session).
	Document observations and evaluation results that require action when planning for the next training course.
	Update check lists and planning list for the next training course.
	Compile summary of evaluation data; submit evaluation data if requested.
	Set date to meet with PMTCT Clinic Managers and trainers a couple of weeks after the training to get their feedback.
	Ensure that all fees and reimbursements have been processed and paid.
	Prepare report of the training course for submission to supervisor or manager.

Equipment and Supply Checklist

EQUIPMENT/SUPPLIES CHECKLIST: equipment/supplies needed every day of the training		
✓ when complete	Quantity	Equipment
	1	Flipchart and/or Whiteboard and/or Blackboard
	2 or 3	Pads of flipchart paper (only if using Flipchart)
	2–10	Flipchart markers and/or Whiteboard markers and/or chalk
	1 roll/pack	Tape or blue tack to hold flipchart paper on wall (eg, masking tape) and for Labels Game (Module 5)
	1	LCD Projector and laptop computer OR Overhead Projector, if available
	1	Extension cord/lead
	One (1) per participant	Participant Manual
		Copies of national PMTCT policies, if not already in Participant Manual
		Presentation Booklet
		Pocket Guide
		Wall Charts
		Copies of Course evaluation form (for the last day)
		Pens
	One (1) per person present	Name tags for participants, trainers, observers, guest speakers, presenters and other present
	Two (2) per participant	Copies of Pre-test and Post-test (optional) (for Opening Ceremony/Course Introduction and last day)
	~ 200 sheets	Paper (8.5" x 11" or A4)
	20–100	Small prizes, such as sweets or condoms, to give to small groups that have performed well
	1	Large envelope (to fit the sheet of paper or card unfolded) or bowl for the Anonymous Question Exercise bag, box, or basket

Appendix 6 Course Director checklists *continued*

EQUIPMENT/SUPPLIES CHECKLIST: Course Overview and Module 1		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	12 x 20 cm cards (or plain paper)

EQUIPMENT/SUPPLIES CHECKLIST: Module 2		
✓ when complete	Quantity	Supplies/Materials
	2 per participant	Strips of paper approximately 5 x 8 cm marked as described in Session 3
	1	Bag, box or basket

EQUIPMENT/SUPPLIES CHECKLIST: Module 3		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Copies of summaries of national or local policies on antenatal care (ANC) and PMTCT of HIV, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local policies on testing and counselling in labour, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local policies on ARV prophylaxis protocol for PMTCT, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local ARV treatment guidelines for pregnant women, if not already in Participant Manual
	1 per participant	Copies of summaries of national or local postnatal care policies, if not already in Participant Manual

EQUIPMENT/SUPPLIES CHECKLIST: Module 4		
✓ when complete	Quantity	Supplies/Materials
	1 per participant N/A	Copies of summaries of national or local infant-feeding policy or protocol, if not already in Participant Manual Information about local cost of the following:
		<ul style="list-style-type: none"> ▪ Commercial infant formulas ▪ Sugar (for home-prepared formulas) ▪ Multivitamin syrups or powders used to supplement home-prepared formulas
	1	Tin of commercially prepared infant formula
	2 or 3	Measuring spoons
	2 or 3	Feeding cups
	1 set	Equipment to correctly make home-prepared infant formula (if used in your area)
	1	If available, model of a breast to demonstrate correct position during breastfeeding

EQUIPMENT/SUPPLIES CHECKLIST: Module 5		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Sheets of paper (8.5 x 11" or A4) for Labels game

Appendix 6 Course Director checklists *continued*

EQUIPMENT/SUPPLIES CHECKLIST: Module 6		
✓ when complete	Quantity	Supplies/Materials
	1 per participant	Copies of summaries of national or local HIV testing and counselling policies, if not already in Participant Manual
	1	Rapid HIV test kit and supplies including gloves, alcohol wipes, lancets, test materials, and adhesive bandages

EQUIPMENT/SUPPLIES CHECKLIST: Module 7		
✓ when complete	Quantity	Supplies/Materials
		No additional equipment or supplies are required for Module 7

EQUIPMENT/SUPPLIES CHECKLIST: Module 8		
✓ when complete	Quantity	Supplies/Materials
		No additional equipment or supplies are required for Module 8

EQUIPMENT/SUPPLIES CHECKLIST: Module 9		
✓ when complete	Quantity	Supplies/Materials
	1 set/participant 1 set 1 per participant 1	Full sets of national and local PMTCT forms (Optional) Copies of PMTCT forms photocopied onto overhead transparencies (assuming an Overhead Projector is available) Small pieces of paper or index cards Basket or envelope

EQUIPMENT/SUPPLIES CHECKLIST: Field Visit		
✓ when complete	Quantity	Supplies/Materials
		No additional equipment or supplies are required for the field visit

Appendix 7 Sample documents

Course announcement and covering letter

<Date>

<Name, PMTCT Facility Supervisor>

<Address>

<Address>

Dear <Name>,

The <sponsoring agency> is sponsoring a training course for the Prevention of Mother-to-Child Transmission of HIV Infection (PTMCT). You and your staff are invited to attend the PMTCT Training Course, which will be held from <dates> at the <site and address>. This course is targeted to doctors, nurses, midwives, social workers, counsellors and outreach workers.

The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

The course syllabus is attached for your information. Also attached are flyers advertising the course; please post and distribute these notices to assist in informing staff of the upcoming course.

The course is residential. The Health Authority will reimburse participants for travel and accommodation expenses. Breakfast and lunch will be provided from the <dates>, but there will be no participant per diem. Registration forms are also attached: please encourage your staff to sign-up before <deadline date for registration>.

Do not hesitate to contact me if you have any questions; my phone number is: <phone number>. Again, thank you for this opportunity to work with you. I look forward to you and your staff's participation on the upcoming PMTCT course.

Yours truly,

<Name>

<Job Title>

Attachments: Course syllabus
 Flyers advertising course
 Registration forms

Appendix 7 Sample documents

Course announcement



Prevention of Mother-to-Child Transmission of HIV Course

- When:** <Start date and time> to <Course completion date and time>
- Where:** <Site and address>, (Residential Course)
- For Whom:** PMTCT Clinic staff, including: Doctors, Nurses, Midwives, Social workers, Counsellors and Outreach workers
- Goals:**
- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
 - Provide an overview of the fundamental principles of a sustainable PMTCT programme.
- Topics:** Introduction to HIV/AIDS; Overview of HIV prevention in mothers, infants and young children; Specific interventions to prevent mother-to-child transmission of HIV; Infant feeding; Stigma and discrimination; HIV testing and counselling; Linkages to treatment, care, and social support; Safety and supportive care in the work environment including universal precautions and post-exposure prophylaxis; Supportive care for the caregiver; and PMTCT programme monitoring.

Travel and accommodation expenses will be reimbursed.
Breakfast and Lunch will be provided from <dates>.
For more information, see your supervisor or call <phone number>.

Sponsored by the <name of sponsor>

Appendix 7 Sample documents

Covering letter



Registration PMTCT Training Course

When: <Date and time> to <Date and time>
Where: <Site and address>

Mail, fax or e-mail completed form to:
<Name and title>, <address>
Tel/Fax: <phone, fax numbers> Email: <e-mail address>@address.org

Surname: _____ First Name: _____

Credentials: _____

Institution Affiliation and Department

Work mailing address: _____

Postal Code _____ Phone _____

E-mail _____ Fax _____

What is your discipline?

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse | <input type="checkbox"/> Midwife | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Outreach Worker | <input type="checkbox"/> Counsellor | <input type="checkbox"/> Other (Please state:
_____) | |

Do you now work in a PMTCT service? ☐ Yes ☐ No If "YES" since when? _____

If you prefer that course confirmation and communication be directed to your home address, please write your address below:

Home mailing address: _____

Postal Code _____ Phone _____

Home E-mail _____

Appendix 7 Sample documents

Participant letter of confirmation

<Date>

<Name, Title>

<Address>

Dear <Name>,

I am pleased to confirm that you are registered for the Prevention of Mother-to-Child Transmission of HIV Course, which will take place <date> at <site, address and phone number>. Directions to the <name of site> are attached.

The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

You should check into the <name of site> by <time> on the morning of the <date> so that you have time to settle into your room before the Opening Ceremony and Course Introduction. The Course Syllabus is attached and course times are as follows:

- <List day, date and time of opening ceremony and course introduction>
- <List days, dates of the rest of the course>
- <If appropriate also list day, dates of field visit and closing session>

<Insert information regarding fees and reimbursements>. Breakfast and lunch will be provided from the <dates>, but there will be no participant per diem. Do not hesitate to contact me if you have any questions; my phone number is: <list phone number>. Again, thank you for your interest in the PMTCT Course; I am looking forward to your participation.

Yours truly,

<Name>

<Job Title>

Attachment: Course Syllabus
Directions to <name of training site>

Appendix 7 Sample documents

Trainer invitation/confirmation

<Name, Title>

<Address>

Dear <Name>,

Thank you in advance for your participation in the upcoming PMTCT training course. The PMTCT training course supports the national training strategy and the national scale-up of PMTCT services through training of Maternal-Child Health and Antenatal Care staff in this area.

The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

We expect a total of 20 attendees, more than half will be midwives or nurses, the remaining attendees are outreach workers and counsellors. All of them are from the Antenatal clinics in <name of geographic area/health district>.

As a trainer, you will be expected to attend the three Trainer Preparation days and the entire PMTCT course. Date, times and sites of both are as follows:

	Date/times	Site
Trainer Preparation Days	<list times and dates>	<name of site> <name of training room> <address> <phone number>
PMTCT Training	<list times and dates>	<name of site> <name of training room> <address> <phone number>

Directions to either of the above sites are available on request. You will be reimbursed for mileage or other travel and hotel expenses. You will also be provided with a per diem and honorarium as per <name of sponsoring agency> policy.

Appendix 7 Sample documents

Trainer invitation/confirmation continued

Your responsibilities as a trainer are to:

- Attend and participate in all of the Trainer Preparation Days and the entire PMTCT training course.
- Fully prepare and present the material for assigned modules.
- Assist participant learning by facilitating the exercises accompanying their modules, answering questions, getting back to participants on questions that cannot be answered during the training.
- Help to support small group work during all modules, not just those you will teach.
- Attend the Daily Trainer Meetings, which are scheduled every evening after each PMTCT Course training day, including the last day of training.
- Feedback to the Course Director on how well the training met its goals and objectives; and how the training, Trainer Preparation Days and training materials (such as the Participant Manual) can be improved.

The objectives of the Trainer Preparation days are to:

- Thoroughly review technical content.
- Learn how to use the course materials.
- Practise the exercises in the Trainer Manual.
- Explore strategies that will maximise interactive participation.
- Discuss the course, how the course fits into the overall national PMTCT strategy and how the course is managed, implemented, monitored and evaluated on the local levels.

Your module assignments are:

- <list module number and name>
- <list module number and name>
- <list module number and name>

Please refer to the Trainer Manual that was mailed to you last week for technical support, training exercises and teaching guidance and be prepared to present these three modules on the Trainer Preparation days. Please do not hesitate to contact us with any questions at <list phone number>.

We very much look forward to working with you in the coming month. Thank you again for your commitment to the PMTCT programme.

Yours truly,

<Name, Title>
Course Director

Appendix 7 Sample documents

Guest speaker letter of invitation/confirmation

<Date>

<Name, Title>

<Address>

Dear <Name>,

I would like to thank you in advance for your participation as a guest speaker in the PMTCT training course. As you know from our conversation you will be presenting <list name of presentation and any important points that should be included> from <time> to <time> on <day and date>. Attached you will find an outline of the presentation and a copy of the entire module of which your presentation is a part. Please note that your presentation should be about 40 minutes long. As our agenda is very tight, my timekeeper may gently remind you to conclude your presentation as your time ends.

The PMTCT training course supports the national training strategy and the national scale-up of PMTCT services through training of Maternal-Child Health staff in this area. The goals of the PMTCT course are to:

- Provide healthcare workers with the knowledge and skills to deliver core PMTCT services
- Provide an overview of the fundamental principles of a sustainable PMTCT programme.

The course syllabus is attached so that you can see the breadth of topics included on the course. We expect a total of 20 attendees, more than half will be midwives or nurses, the remaining attendees are outreach workers and counsellors. All of them are from <name of geographic area/health district>.

Directions to the training site are included. You will be reimbursed for <insert mileage or other travel expenses>. I very much look forward to your presentation; do not hesitate to contact me if you have any questions. Thank you again for your commitment to the PMTCT programme.

Yours truly,

<Name, Title>

Course Director

<Contact Info>

Attachments: Draft presentation outline

Copy of Module X <list number and name of relevant module>

Course Syllabus

Direction

Course Announcement

Appendix 7 Sample documents

Thank you letter to presenters

<Date>

<Name, Title>

<Address>

<Address>

Dear <Name>,

I would like to express our gratitude for the presentation you gave at the Opening Ceremony of the Prevention of Mother-to-Child Transmission of HIV Training Course on the <date>. Your contribution to the course, particularly your depth of knowledge around mother-to-child transmission of HIV in this country, was greatly appreciated. The discussion that you facilitated was a thought-provoking start to the training.

Again, thank you for your time and willingness to share your expertise and knowledge at the PMTCT training course. Your input was essential to the success of the opening day and important to the overall effort to provide healthcare workers with the knowledge and skills to deliver core PMTCT services.

Yours truly,

<Name>

<Job Title>

Appendix 7 Sample documents

Thank you letter to PLWHA panellist

<Date>

<Name, Title>

<Address>

<Address>

Dear <Name>,

I would like to sincerely express our gratitude for your participation on the PLWHA panel at the training on the <date>. Your contribution to the Prevention of Mother-to-Child Transmission of HIV Training Course was not only greatly appreciated but it was also memorable and thought provoking.

Again, thank you for your time and willingness to share your experiences and perspectives. You have provided those of us at the training a perspective on living with HIV that we didn't have prior to hearing your talk. Your input was essential to the success of the PMTCT course and to the overall effort to provide healthcare workers with the knowledge and skills to sensitively deliver PMTCT services.


Yours truly,

<Name>

<Job Title>

Appendix 7 Sample documents

Course completion certificate



(Sponsor)
PMTCT Training Group

This is to certify that

successfully completed the

**Prevention of Mother-to-Child
Transmission of HIV Training Course**

<Country> National PMTCT Training Programme

<Course dates>

<Course site>

Course Director

Director of (sponsor)

Appendix 8 Trainer preparation

Trainer Preparation Days planning checklist

Trainer Preparation Days	
✓ when complete	Activity
	Assign a primary and secondary trainer to each module according to expertise and experience. Note that trainers with nursing/medical experience are recommended to teach the clinical modules: <ul style="list-style-type: none"> Module 3: Specific Interventions to Prevent MTCT of HIV Module 4: Infant Feeding in the Context of HIV Infection Module 6: HIV Testing & Counselling for PMTCT Module 7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection and Module 8: Safety and Supportive Care in the Work Environment
	Send trainers their confirmation as previously described (see also Appendix 7).
	Distribute copies of the following materials to each of the trainers at least a week before the first Trainer Preparation Day: <ul style="list-style-type: none"> Trainer Manual Participant Manual Presentation Booklet Training Programme and Course Director Guide PMTCT Course Syllabus (if not already in the Trainer Manual) Training assignments (including a copy of the completed Table 3.1) Agenda for the Trainer Preparation Days
	Request that each trainer read through their modules and come prepared to discuss how they would conduct the training given the guidance in the Trainer Manual.
	Confirm the site for the Trainer Preparation Days.
	Ensure training equipment and materials as described in the course are available.

Appendix 8 Trainer preparation *continued*

Checklist of training skills ⁴	
Movements	<input type="checkbox"/> Take centre stage – do not get stuck in a corner or behind a desk <input type="checkbox"/> Face the audience – do not face the board or screen when speaking <input type="checkbox"/> Make eye contact with people in all sections of the audience <input type="checkbox"/> Use natural gestures and facial expression – (but try to avoid mannerisms) <input type="checkbox"/> Move around the room – approach people to get their attention & response <input type="checkbox"/> Avoid blocking the audience's view – watch for craning necks
Speech	<input type="checkbox"/> Slow and clear and loud enough for everyone to hear <input type="checkbox"/> Natural and lively – varied <input type="checkbox"/> Write difficult new words on the board or flipchart, pronounce and explain them
Interaction	<input type="checkbox"/> Try to interact with all participants – use names as appropriate <input type="checkbox"/> Ask the questions suggested in the text – ask different participants <input type="checkbox"/> Allow time for the participant to answer – don't give the answer too quickly – drop hints <input type="checkbox"/> Respond encouragingly and positively to all answers – correct errors gently <input type="checkbox"/> Involve all participants – include quiet ones – control talkative ones <input type="checkbox"/> Avoid discussions which are off the point or distracting <input type="checkbox"/> Try to give satisfactory answers to questions from participants
Visual aids	<input type="checkbox"/> Have the required aids and equipment ready – check and arrange them before the session <input type="checkbox"/> Make sure that everyone can see clearly – arrange the room so that they can <input type="checkbox"/> Point to what you are talking about on the projector or on the screen <input type="checkbox"/> Cover, turn off, or remove aids that are not in use <input type="checkbox"/> Let people handle aids used for demonstrations <input type="checkbox"/> Write large and clearly on the board – arrange words carefully so that there is enough room <input type="checkbox"/> Put slides and overheads away at end of session
Use of materials	<input type="checkbox"/> Prepare thoroughly – read the text and obtain any aids that you need before <input type="checkbox"/> Prepare your helpers (eg, for role-play) before the session – practise if possible <input type="checkbox"/> Follow the session plan accurately and completely – use your Trainer Manual <input type="checkbox"/> Do not learn the session by heart – follow the Manual but talk in your own style <input type="checkbox"/> Emphasise important and key points – do not leave important points out <input type="checkbox"/> Do not introduce too much extra material – but give a few local examples <input type="checkbox"/> Try to avoid repetition unless really useful <input type="checkbox"/> If you find it necessary to read from the Manual, look at the audience occasionally
Time management	<input type="checkbox"/> Keep to time – not too fast or too slow; don't take too long with the early part of a session <input type="checkbox"/> Don't lose time between sessions (eg, going to Clinical Practice) – explain clearly what to do

⁴ Adapted from: *Breastfeeding Counselling: A Training Course, Trainer's Guide*, Part Four, Sessions 31-34, World Health Organization CDD Programme, UNICEF, (WHO/CDR/93.4; UNICEF/NUT/93.2), Pages 32-33. Available online: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/Breastfeeding/Trainers_Guide_Part4.pdf

Appendix 8 Trainer preparation

Trainer Preparation Days planning checklist

Day	Module	Primary Trainer	Secondary Trainer
Pre-Training Day	Introduction, course overview, ice breakers, ground rules	Course Director	N/A
Day 1	1: Introduction to HIV/AIDS		
	2: Overview of HIV Prevention in Mothers, Infants and Young Children		
Day 2	3: Specific Interventions to Prevent MTCT		
	4: Infant Feeding in the Context of HIV Infection		
Day 3	5: Stigma and Discrimination Related to MTCT		
	6: HIV Testing and Counselling for PMTCT		
Day 4	7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection		
	8: Safety and Supportive Care in the Work Environment		
Day 5	9: PMTCT Programme Monitoring		
	Closing Exercises	Course Director	N/A
Day 6	Field Trip		

Appendix 8 Trainer preparation *continued*

Sample trainer assignment

The goal of the field visit is to provide participants with an experience in a PMTCT setting to reinforce the classroom learning.

PLANNING AND CONDUCTING A FIELD VISIT	
1– 4 weeks before the training	
Organise the visit or visits to a local PMTCT site	Contact one or more local health centres to gain permission for participants to visit and meet with several members of staff. The staff with whom participants will meet can be determined by the field visit objectives. If there are a number of PMTCT services near to the training site, the participants may be divided into special interest groups and visit different sites. If necessary, the visits could be staggered over the course of a day.
Write and send confirmation letter	Once you have commitments from staff at the PMTCT facility, follow up with a letter confirming the date and timing of the visit and the visit objectives. It may be a good idea to also include the following in the letter: <ul style="list-style-type: none"> ▪ Brief description of the training; you may want to attach a copy of the overall PMTCT training agenda, goals/objectives ▪ Information on length of the visit.

1– 4 weeks before the training	
Develop Observation Guide	Finalise the visit guide for participants. See the sample guide below.

1, 2, or 3 days before the training	
Confirm the meetings	Telephone (or send another letter to) the people with whom the participants will be meeting to reconfirm. Provide the healthcare workers with the final number of visitors.

On the morning of the Field Visit	
Team Leader, name tags and time for debrief	<p>Ensure that at least one trainer will accompany each group of participants.</p> <p>Ask the participants to return to the training room at the designated time for debriefing.</p>

Appendix 9 **Field visit** *continued*

At the Site	
The meeting	Once participants arrive at the PMTCT service/clinic, the Trainer should ask for the healthcare worker scheduled for the first meeting.
Thank the healthcare workers	Thank each healthcare worker upon conclusion of each observation or meeting.

At the end of the Field Visit	
Debrief	<ul style="list-style-type: none"> ▪ When everyone has returned, allow approximately 30 minutes for debriefing. ▪ The following questions may be helpful in directing group response: <ul style="list-style-type: none"> ▪ How did their observations compare with what they had learned in a given area? What was the same? What made it different? ▪ Did the visit meet their expectations? ▪ Is there something that could have made the visit more beneficial? ▪ Did they observe any practice that they felt could be improved? ▪ Ask each participant to summarise their experience in a sentence or two.

Within a week after the Field Visit	
Send out thank you notes	Follow up with thank you notes to the clinical facilities staff that took time to meet with the participants.



WHO/CDC Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package

The World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) have collaborated to develop the *Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package*. The package is a comprehensive, evidence-based generic PMTCT training course that was field tested in Guyana, Ethiopia, Cambodia, and Mozambique. It is intended to be adapted to include the policies, guidelines, and realities of the specific country setting.

DOCUMENT ORDER FORM:

Name _____

Address _____

City _____

Country _____

Telephone _____

Email _____

NUMBER OF COPIES:

QUANTITY

Training Programme and Course Director Guide

Trainer Manual

Participant Manual and Presentation Booklet

Pocket Guide

Wall Chart

CD-ROM containing all components listed above in Microsoft® Word and Adobe® Acrobat PDF files

Complete PMTCT Generic Training Package



**World Health Organization
Department of HIV/AIDS**

20, Avenue Appia, CH-1211 Geneva 27
Switzerland

E-mail: hiv-aids@who.int

<http://www.who.int/hiv/en>

For further information, please contact:

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